SOCIAL CHANGE IN TORONTO

A CONTEXT FOR HUMAN SERVICES PLANNING

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CITY OF TORONTO PLANNING AND DEVELOPMENT DEPARTMENT MARCH 1983

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Acknowledgements

This report is the result of input from a large number of people, including almost all of the staff from this department. Particular thanks goes to those outside the department including: Ann Golden, Bob Spencer, David White, Don Richmond, Maureen Quigley, Michael Miloff, Elizabeth Wray, Jeff Patterson, Marvyn Novick, Marilou McPhedran, Ceta Ramkhalawansingh and David Millar.

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EXECUTIVE SUMMARY

Introductory Summary

The City of Toronto has in the past been committed to enhancing the quality of life of its citizens. Consistent with this commitment, the City must respond to the effects of major economic and demographic changes that present major challenges to the preservation of the City's quality of life. The City needs to focus and coordinate its efforts to protect the quality of human services that have already been developed, and it needs to add some issues to its agenda for the decade: the concerns of the elderly, of racial minority and ethnic populations, of the poor and unemployed, and those with special needs.

Mandate for Human Services Planning in 1983

Historically concerned with human services issues, the City of Toronto has developed policies and programs that in the past contributed to the high quality of life in Toronto. To maintain this standard, human services planning has been an integral part of neighbourhood and city-wide planning, demonstrated by Toronto's commitment of extensive resources towards dealing with key issues in education, health, and social services. The City of Toronto has reviewed direct provision of health, recreation, and community services. It has explicitly recognized the relationship between the social environment and land-use planning. The City has responded to demands by citizens that the City become involved with human services issues.

In the past ten years, however, the City of Toronto has changed significantly, some might say radically.

- The population has decreased by almost 16%.
- The number of families has decreased.
- The size of families has decreased.
- There are fewer children.
- The number of single-parent families is increasing.
- There are more older single people and they make up a larger percentage of the total population.
- Rental vacancies have decreased to almost nothing.
- The cost of housing has risen dramatically.
- There are more members of racial minorities.
- Inflation has increased.
- Unemployment has increased.

More women are working, including women with young children. With the nation, the City of Toronto shares distressed economic conditions such as high unemployment rates and the erosion of purchasing power. The effects of unemployment and of inflation are combining with significant demographic changes in the city to create stress in the population.

While many residents have benefitted from the positive initiatives of the City, others continue to experience tremendous stress. The number of households living below the poverty line has increased. Child abuse continues to occur at a high rate in Toronto, as does suicide. The divorce rate rises. There are more thefts, more assaults, and more woundings. In spite of the fact that the urban population is shrinking, the increase in stress on the population leads to a greater need and demand for the city to provide human services of various kinds.

Although Toronto's social policy objectives have been responsive to a context of change, the City's policy has more often reacted to specific situations than developed as a component of a comprehensive set of goals and strategies to maintain and improve the quality of life in Toronto. Therefore, at its meeting on April 6,1982 the Neighbourhoods Committee requested the Commissioner of Planning and Development to outline a framework for human services planning, including:

- Background information about who is doing what in social planning and delivery of services;
- A history of social change in the City that looks at demographic changes, at what problems have existed and still do, and at what, if anything, can be predicted;
- A definition of the issues; and
- A plan for appropriate action, which should establish priorities and include a planning strategy.

Overview of the State of Human Services in Toronto

Citizens' and government's concerns for human services can cover a wide range of issues. Specific populations in Toronto have already made specific demands. Other needs arise simply from the state of the economy and the changing mixture of the City's population. The categories of human services issues of concern to Toronto are:

- Education.
- Health Services (Deinstitutionalization, Health, and Programs for the Elderly).
- Housing (Low-to Moderate-Income and Special Needs).
- Social Services (Children's Services, Community Services, Programs for Racial and Ethnic Minorities, Recreation, and Unemployment and Poverty Programs).

The City of Toronto is already dealing with children's services, community services, education, health services and deinstitutionalization, low- to moderate-income housing, recreation, unemployment and poverty, the elderly, for racial and ethnic minorities, and special needs housing. To pursue this agenda in the City's tradition of a concern for neighbourhood integrity, participatory processes and involvement of users and providers of service, the specific recommendations that follow are designed to:

- ensure the development of an overall City perspective as opposed to an ad hoc approach that fails to make needed connections between individual issues;
- more clearly define most appropriate action with respect to needs of the elderly, problems of poverty and unemployment, concerns of racial and ethnic minorities, and special needs housing;
- focus current efforts in the most productive and most effective ways;
- set goals on a neighbourhood basis for health and social services;
- develop a comprehensive social data base with other social planning bodies so that the City can recognize trends and anticipate needs; and
- continue with the City's comprehensive, integrated goals of housing for low- to moderate-income people, children's services, and deinstitutionalization.

Recommendations for Human Services Planning

Responding to the request of the Neighbourhoods Committee, the Commissioner of Planning and Development submits this report, with supporting citation and analysis of background data and issues. The recommendations are as follows:

1. That in view of its historic involvement with human services planning, the Neighbourhoods Committee consider adding human services planning to its formal mandate.

2. That the Commissioner of Planning and Development in consultation with the Mayor's Committee on Aging, the Sheltered Housing Committee, the Task Force on Health Services to the Elderly, the Public Health Department, Parks and Recreation Department as well as other relevent agencies review the needs of Toronto elderly and the current initiatives to deal with those needs, outline the anticipated impact on city services of a expanding aging

population, and develop recommendations around the most effective ways of dealing with the issues.

3. That the Commissioner of Planning and Development and the Executive Director of Management Services in consultation with the Mayor's Committee on Community and Race Relations develop an issue paper which sets out an overview of the City's relationship to racial and ethnic minorities and pinpoints goals where the City can have impact.

4. Where large scale redevelopment is being proposed, that the human service impact be one of the considerations, and that human service agencies be an integral part of that consideration.

5. That the Commissioner of Planning and Development consult with Metro Community Services, Management Services, Public Health, the Social Planning Council, the Community Information Centre, the United Way and other relevant bodies to:

   a) clearly identifying the current sources of data;

   b) make other agencies and organizations aware of these sources; and

   c) share the statistical resources of the Planning and Development Department with them.

6. That the Commissioner of Planning and Development continue to monitor human services activities in the City, with aim of improving information and co-ordination.

1.0 INTRODUCTION

1.1 Background

In 1967, provision of social services shifted from the local municipalities to the Metropolitan Toronto government, while most other human services, including health, recreation and library services, remained a local area responsibility, with education remaining an autonomous body. Historically, the providers of services were also the policy planners, with non-government bodies such as the Metropolitan Social Planning Council or the Ontario Council on Social Development (formerly the Ontario Welfare Council) providing critical commentary. However, human services have developed in an unco-ordinated manner, resulting in an uneven distribution of services across the City. While many needed services and programs have been developed, there is widespread recognition of the lack of complimentary policy focus and unco-ordinated program delivery.

Over the past decade the City has become increasingly involved in human services planning as an integral part of its neighbourhood and City-wide planning responsibilities. Because of the diversity of needs, issues and neighbourhood characteristics, the City's involvement has included:

- the development of City policy position on issues affecting local residents but where the jurisdiction or responsibility for problem resolution lay with other organization or levels of government;
- the inclusions of human services considerations and goals in Part II plans as recommended in the Planning Act (Ontario);
- the on-going support of specific human services programs through the Grants Review Board;
- the planning and provision of programs within its jurisdiction, (e.g. recreation, health);
- the use of City staff and financial resources in the development of neighbourhood services under such programs as N.I.P.

. the establishment of Task Forces or Committees to focus on specific populations (e.g. Community and Race Relations, Disabled and Elderly, Workplace Daycare, Children Services).

The reasons for these diverse forms of involvement include: 1) Council has felt these issues are important; 2) an explicit recognition of the relationship between land use planning and the social environment; 3) recognition of the interrelationships of health, recreation and social services; and 4) the demand by citizens that the City become involved.

Issues have frequently emerged as a problem of a particular population or interest group. However, many of the issues are, in fact, parts of broader issues. For example, deinstitutionalization has been considered by Council in a variety of forms, including services for ex-psychiatric patients, group homes, home support services and adult-residential facilities. This is just one of the many broader issues of which Council has considered various pieces. While successes have been achieved with respect to the resolution of many specific problems, an analysis of the broader issues and development of comprehensive and complimentary policies have often been sacrificed.

The City has approached human services planning by using a variety of structural models. These models have varied because of mandate, the public's expectations, and the involvement of other bodies, both private and government. For example, the City has used goal-setting models with "Public Health in the Eighties", the Community Task Force on Recreation and Social Services, and the Mayor's Task Force on Disabled and Elderly. The approaches have varied as well, ranging from an internal process, involving primarily staff, to a community process with staff merely facilitating. It has also used action-oriented models, for examples, are the Working Committee on the Disabled and the Elderly, The Task Force on Work-Related Daycare and Ward 9 Supportive Housing Committee. Despite the relative successes of some important initiatives, the City's approach has frequently been more reactive than anticipatory, with many policies and objectives being developed in isolation from overall social objectives.

In addition, Toronto has undergone unprecedented changes during the past ten years with some of the more striking changes including:

- the change from a city of predominantly family households to a municipality with over one-third of the households being one-person households;

- housing vacancy rates have decreased to almost nothing;

- more women have entered the labour force;
- divorce rates have increased;
- birth rates have decreased;
- immigration has changed both in terms of country of origin and settlement patterns;
- inflation and unemployment rates are higher;
- the population size is decreasing;
- approximately one-fifth of the population now living below the poverty line.

These changes add to the complexity of the City's planning responsibilities and heighten the need for refocusing efforts along more comprehensive lines. A prerequisite to this refocusing is the establishment of a clear agenda for the City's human services planning tasks in the 80's.

1.2 Development and Description of the Report

Included among the activities undertaken in developing this report were:

- the review of human services planning activities being undertaken by City staff;
- a survey of similar activities being undertaken by other City-based organizations;
- the review of issues as perceived by various groups and organizations;
- an analysis of current statistical data;
- the sponsoring of meetings with representatives of a broad range of organizations involved in human services.

The results of these activities have been condensed into this report with the main text being devoted to the identification of the key issues, the formulation of a proposed planning agenda and a set of specific recommendations. The detailed review of issues, statistical data and the description of current activities being undertaken in the local human service planning are contained in two appendices of this report.

2.0 KEY ISSUES FOR THE EIGHTIES

Seven issue areas emerged from our review as being central to a comprehensive approach to human services planning. A description of these areas and some of the specific issues contained with each is as follows:

2.1 Children's Services

All families in Toronto are affected by the availability and quality of Children's services. Although the trend is for families to move to the suburbs, there are still many familes with some of the indicators of social stress point to increasing family stress in the City of Toronto. The potential result of this is increasing demand on family and children's service agencies, with the City's Public Health Department being one of the key agencies.

The Planning Board Committee on Children's Services has undertaken a comprehensive analysis of children's servcies, which includes an overview of the services and the planning activities of service providers.

The initial results of the analysis indicate that there are a number of services for children over which the City can have direct jurisdiction and in which important, tangible improvements can be realized. These include health and recreation services. After review of the issue in depth and the setting of broad goals, the next step is the development of strategies for specific action.

The City already has staff commitment within Planning and Development, the Public Health Department and Parks and Recreation. The question at this point is less one of increased commitment, than a determination of how the existing resources can be effectively utilized.

2.2 Poverty and Unemployment

Approximately 20% of Toronto's population lives below the poverty line, and with the unemployment rate increasing, this number is likely to increase. It is a crucial and immediate problem with potential for increasing stress - and consequent demand for services - on those experiencing poverty and unemployment as well as those who are not fully secure in their present employment.

The Ontario Council on Social Development (formerly the Ontario Welfare Council) and the Metro Social Planning Council recently completed a comprehensive report about people receiving public assistance and pensions. The most significant conclusion was that since people in this position are experiencing decreasing purchasing power as inflation erodes the real value of their income, pensions and assistance should be increased. The report

focussed primarily on direct income, which excludes the City's perspective. The Planning and Development and Public Health Departments are reviewing the effects of poverty on health with the objective of ensuring that health programs are aimed at relieving the most serious health effects of poverty. There have been no reviews of the effects of poverty in relation to other City programs and policies.

The City has done a comprehensive review of its role as an employer through its Equal Opportunity Program. It has also looked at its role as a employment initiator through its Economic Development Program.

The City has little potential for directly effecting major economic changes, but it can develop policies and programs which can help to alleviate the effects of poverty. In order to accomplish that, it is necessary to know what the effects of poverty are in the City, to assess means of easing those effects by means other than direct income, and then to determine which of those means can be accomplished through action taken by the City. There are substantial resources committed to this area. Through the ongoing work of Public Health and Planning and Development many broader issues related to poverty and unemployment will receive attention, and actions that the City can take should emerge.

2.3 Housing

As housing costs continue to increase in the City, fewer people can afford their own homes, thus increasing the demand for affordable rental units. As well, more people are spending an increasing percentage of their income on housing. The housing crisis affects all low-to middle-income people.

The City of Toronto has given housing a great deal of attention in the past years. Through the People's Housing Conference, the Mayor's Housing Conference, the Housing Department and this department, almost every concern has been brought forward. The City has developed and laid out explicit housing goals through its Official Plan, and a variety of actions including Cityhome, zoning by-law review, and projects for special needs housing are currently underway. This latter is one area where action has taken place in the absence of a comprehensive planning overview. It is an issue in which the City is becoming increasingly involved and one which has a complicated jurisdictional and funding web. An analysis of what is working and what is not, in the context of clearly defined goals, needs to be done.

The City is in a position to play a key role in developing policies which can either encourage or discourage the building of particular housing forms. Much of the land use policy set a necessary framework for facilitating housing for particular

groups. The importance of such policies should not be overlooked because they are not sufficient in and of themselves to resolve the problem. They are key to the resolution.

The City of Toronto has committed the entire Housing Department and a large proportion of this department to this issue. Originally the focus was on family housing. This has changed so that these two departments are dealing with group homes, emergency shelters, and housing for populations being affected by deinstitutionalization policies, as well as affordable family housing. One question which arises is the integration of the sometime conflicting demands of these various populations.

2.4 Racial and Ethnic Minorities

As immigration sources are changing, the racial and cultural diversity of Toronto's population is undergoing significant change. This change has an impact on all citizens of Toronto because everyone is involved in racial and ethnic relationships in either a positive or negative way. The number of people coming into Canada from Europe is decreasing while the numbers from Asia and the Carribean are increasing.

This issue has been considered by the provincial, Metro and City governments as well as by the Social Planning Council and the Board of Education with broad goals being established and a number of reports with specific action recommendations. Key controversial areas include police and race relations and languages in the schools.

The Mayor's Committee on Community and Race Relations, which is staffed by this department and the Equal Opportunity Program, have been assigned primary responsibility in this area, and they have established the broad goals to ease discrimination and have begun to explore specific actions the City can take. A comprehensive analysis of the City's programs and policies aimed at determining if problems exist and then developing recommendations has begun through two separate initiatives. The next step is for the two departments to explore together their overlapping mandates and come forward with goals and an action plan.

Within the broad objective of ending discrimination, there are a number of actions that the City has taken. The outreach program for municipal boards and commissions is one example. The City has had some impact on the police practices through its political initiatives as well as through co-operative exploration of programs developed by other cities. The City can have the most impact on its own programs and practices.

The City has currently committed resources from this department, Management Services, City Clerks, and Public Health to deal with

this issue. What needs to occur now is determination of how the resources can be most effectively put to use, in the longer term.

2.5 Deinstitutionalization

As the care for physically and mentally dependent people has moved from institutions to community-based care, the City has been experiencing the impact of vulnerable populations being released into communities with facilities inadequate to provide support to those people. Neighbourhoods such as Parkdale, in which major institutions are located, have undergone transformations which are not acceptable to many of the residents. It is a current issue which has a high priority.

There are numerous independent but related activities on the part of the Province, Metro and the City, including consideration of group home by-laws, zoning by-law definition, support services, and personal care by-laws. In dealing with this issue, an overview has been maintained through co-ordination amongst this department, Metro and City departments, as well as with community groups.

Although the City cannot develop many of the needed services, it is responsible for setting a framework through its land use policies and health services. Thus the City is a major key in the achievement of the broad goal of providing care to people in their communities rather than isolating them in institutions.

This department as well as the Public Health, the Housing, and Building and Inspections Departments, are currently committing resources to exploring resolutions to the housing and service problems. This level of commitment needs to be maintained.

2.6 Elderly

Over the next forty years an increasing proportion of the population will be elderly. The key problems associated with being old are inadequate income and poor health, with inadequate services and many other concerns ancilliary to these. The City of Toronto already has a proportionally high elderly population and this can be expected to increase. The impact of a larger elderly population will be increased demand on services.

The problems facing any population with 20% of its people over 65 and not working require solutions, no matter how difficult designing solutions may seem.

There is an awakening recognition of aging as an issue on a world-wide basis through the United Nations, which is currently undertaking a global goal-setting process. This is filtering down, with all levels of government and the Social Planning Council beginning to look at segments of the issue, as well as

considering this population in the context of other issues such as deinstitutionalization and poverty.

The City has been involved with issues affecting its elderly population, first through the Mayor's Task Force on Disabled and Elderly and more recently through the Mayor's Committee on Aging, a Sheltered Housing Committee and a Task Force on Health Services to Elderly People. Through these various committees issues relating to frail elderly, neighbourhood services, guardianship, and housing with support services are being considered.

This department, Public Health and Parks and Recreation as well as the Mayor's Committee on Aging have committed resources towards developing a comprehensive approach to goal-setting and the design of a co-ordinated action plan. At this point, it is not a question of the issue receiving attention, but rather the degree of co-ordination between all these initiatives.

2.7 Health and Social Services

Spending restraints, in response to the current economic conditions, are resulting in cutbacks in social and health services. As well, pending changes at the Provincial level around funding and responsibility for some health and social services are likely to result in increased mandate within health services and possibly increased involvement of the City.

This is such a broad issue that in order to be dealt with effectively, must be broken down into manageable pieces. The issue is generally being dealt with on a population basis because the funding and legislation are established on that basis. The City has attempted an overview on a neighbourhood basis with the new St. Lawrence development. But other than that one attempt, no other redevelopment has been dealt with in a more generic manner. Metro attempted to set some goals through their consideration of review of human services, but this effort was forestalled by the conclusion that such co-ordination at the Metro level was premature at the time.

2.8 Additional Needs

During our review, three other needs continued to arise and these are: 1) the need to promote the co-ordinated development of a social data base, 2) the need to ensure a neighbourhood focus for the development of human services goals and the co-ordination of action, and 3) the development of an interagency network(s).

The social planning bodies throughout the City are beginning to develop more comprehensive data bases. The Community Information Centre has the most complete data about services and is concerned that this information should be easily shared with other agencies and updated through regular input. Metro Community Services, this

department, Public Health and the Social Planning Council have well-developed research capacity and all are involved in developing improved data bases in a variety of areas. The City's Equal Opportunity Program is developing a data base on visable minorities, disabled people, and women. With all of this occurring, there should be improved capacity to know the changes and their impact on the population. In order to maximize resources co-operative efforts are essential. The City is beginning to facilitate this through: 1) determining current sources of data; 2) making others aware of these sources; and 3) sharing our resources with others.

Establishing goals and co-ordinating service development within a neighbourhood is related not only to the existing make-up but requires review when new building developments are occurring. There are basic human services which must be considered: 1) health services; 2) schools; 3) community and recreation centres; 4) home support services for elderly and disabled; 5) day care centres; 6) special needs housing. An assessment can be made in terms of the effect the anticipated population is likely to have on demand for services, a review of the existing services and a determination of need for new or augmented services. Such an assessment should be carried out in consultation with existing agencies and the community.

Within Toronto these are a number of geographically-based interagency networks. These include:

- POINT
- High Park Network
- Down Interaction Group
- Regent Park Residents' Association (RPRA)
- East End Services Network

As well, the Implementation Committee of the Community Task Force on Social and Recreational Services brings together a number of agencies, primarily to consider funding issues. In order to do that it must also take into account policy considerations. There is not a city-wide Inter-agency Council such as exists in North York, Scarborough and Etobicoke.

Should it be seen as desirable to develop such a Council, a problem which would be encountered in the City of Toronto is the number of variety of agencies; not a lack of services, but an uneven distribution of human services and a wide variety of co-ordination mechanisms. The concept of a community human services network is plausible, but the practicality for the City of Toronto is another question. In fact, human services are being co-ordinated through a network structure within the City of Toronto on an issue basis and more broadly through the Implementation Committee. The success of these efforts should give an indication of a viability of an inter-agency council.

3.0 THE AGENDA FOR THE EIGHTIES

A major reason for the creation of the Department of Planning and Development in 1979 was to ensure the link between planning and implementation - goals and results. Building this link in our human services planning activities presents an unusual challenge because of the multitude of participants, fragmentation of jurisdictions and responsibilities and the variety of perspectives that can be brought to bear on any one issue. Moreover, if we are to utilize our resources in the most effective ways possible, it means we have to employ a variety of planning models appropriate to specific issues and neighbourhoods, encourage the use of community resources and be clear about our appropriate roles in any given set of circumstances.

The issues themselves set out the bulk of the agenda for the 1980's. What remains to complete the agenda is the clarification of priorities, the determination of the most effective use of the City resources, and the ultimate development of goals and action plans with respect to these issues.

The City has already committed resources to a greater or lesser degree to all of the noted issues. In reviewing matters of priority and the most effective allocation of resources, consideration has been given to the following:

1. How serious is the impact of the problem? To determine this, consideration should be given to the immediacy of the problem, the number of people affected by it, and the potential human and monetary costs if the problem is not effectively dealt with.

2. The extent to which other agencies and organizations are involved in dealing with the issues and the extent to which their perspectives on problems have led to articulated goals acceptable to the City. If a goal-setting process has occurrred, has it included the municipal perspective? Are the goals set by these organizations acceptable to the way Council would like to see the problems resolved? Are they complimentary to other activities and policies of the City?

3. How achievable the goals are. The City can either effect change itself or work with the private sector and other levels of government towards effecting change. If the City is in a position to deal directly with an issue, success is more likely to occur. If achieving the goals is dependent on others, then it is essential to assess the potential for success, and set out an appropriate role and strategy for the City's involvement.

4. What resources are needed? This issue includes an assessment of what resources are currently committed, and by whom, what additional resources are needed, and what resources are available.

The areas already receiving attention and which should continue to receive priority are:

- Housing for low- to moderate-income people
- Children's Services
- Deinstitutionalization

- Racial and ethnic minorities
- Special needs housing (e.g. group homes, emergency housing)
- Poverty and unemployment
- Elderly

This draws together the priorities which have been established by Council. What is evident is that it is less a question of determining priorities, as this already has been done, but rather determining the most effective way of dealing with those priorities.

For the issues of racial and ethnic minorities this department and the Equal Opportunity Program of Management Services in conjunction with the Mayor's Committee on Community and Race Relations should look at an overview of the City's relationship to racial and ethnic minorities to determine ways in which the City can be most effective.

With health and social services, there is a need to set goals on a neighbourhood basis. This is a massive undertaking and there are not resources to do this immediately. However, we do have the capacity to carry this out in areas where major re-development is occurring or as an integral part of planning new areas.

The department already has a sophisticated research capacity and has begun to co-ordinate its efforts with other government bodies and private agencies. The co-ordination of the development of a social data base is merely an extension of ongoing work within this department.

With a refocusing of efforts and a moderate extension of resources, the City can not only have a significant impact on these issues but can do so in a way that promotes a more comprehensive approach to our human services planning efforts.

3.1 Recommendations

Responding to the April 6, 1980 request of the Neighbourhoods Committee, the Commissioner of Planning and Development submits this report with supporting analysis of background data and issues.

It is recommended:

1. That in view of its historic involvement with human services planning, the Neighbourhoods Committee should give consideration to adding this area to its formal mandate.

2. That the Commissioner of Planning and Development in consultation with the Mayor's Committee on Aging, the Sheltered Housing Committee, the Task Force on Health Services to the Elderly, the Public Health Department, Parks and Recreation Department as well as other relevent agencies review the needs of Toronto elderly and the current initiatives to deal with those needs, outline the anticipated impact on city services of a expanding aging population, and develop recommendations around the most effective ways of dealing with the issues.

3. That the Commissioner of Planning and Development and the Executive Director of Management Services in consultation with the Mayor's Committee on Community and Race Relations be requested to develop an issue paper which sets out an overview of the City's relationship to racial and ethnic minorities and pinpoints goals where the City can have impact.

4. Where large scale redevelopment is being proposed that the human service impact be one of the considerations, and that human service agencies be an integral part of that consideration.

5. That the Commissioner of Planning and Development consult with Metro Community Services, Management Services, Public Health, the Social Planning Council, the Community Information Centre, the United Way and other relevent bodies to: a) clearly identify the current sources of data; b) make other agencies and organizations aware of these sources; and c) share the statistical resources of the Planning and Development Department with them.

6. That the Commissioner of Planning and Development continue to monitor human services activities in the City, with aim of improving information and co-ordination.

APPENDIX A

A.0 STATUS OF CURRENT SOCIAL OBJECTIVES, POLICIES AND ACTION

Planning that includes the development of social objectives has been an ongoing activity of the City of Toronto, with a long-standing recognition of the relationship between land use and human service planning issues. In order to set out the comprehensive framework of human services planning issues and strategies as requested by Neighbourhoods Committee on April 6, 1982, it is necessary to review the social objectives, programs and activities currently in place. These can be categorized under the broad headings of housing, social services, health, education and income.

The objectives for these categories have been set out through Official Plan Statements and other major policy documents. The issues of housing, social services, health, education, and income will be discussed below, outlining what has been done, who is doing it, what current problems exist, and some conclusions, where appropriate.

A.1 Housing

The City of Toronto has adopted a number of objectives aimed at providing housing for families, low-income families, low-income singles, and special populations such as the elderly and the handicapped. An encompassing statement in the Official Plan summarizes the City's policy in this area:

> The provision of decent housing to all residents in a suitable living environment at prices which they can afford. (Official Plan - 2.A.1(a)).

This is an extremely broad objective, which includes:

1) low and moderate-income family housing;
2) family housing;
3) "special needs" housing;
4) housing for low-income singles.

A.1.1 What Is Being Done

The recent Planning and Development report on housing summarizes the situation as follows:

> A review of housing policies in the City at this time is not only appropriate, but also urgent. For many residents, housing

> conditions have become suddenly and alarmingly worse. Agencies providing emergency housing indicate that even basic shelters cannot be assured for all in need. These considerations, as well as imbalances in new production and pressures on the existing stock .... warrant use of the term "crisis" to describe current conditions. (1)

In 1976, the Official Plan set out Council's 10-year housing target of 20,000 units for low-to-moderate income households, and that 25% of the total target and 25% of the low-moderate income target should be housing suitable for families with children. That means a total of 10,000 units for families, 5,000 of which were to be assisted housing. Table 1 outlines where the City stands in achieving those goals.

TABLE 1
NEW HOUSING SUITABLE FOR FAMILIES WITH CHILDREN

TARGETS AND ACHIEVEMENTS AS OF JANUARY 1, 1982.

	Private Units	Assisted Units	Total Private & Assisted Units
City of Toronto			
Target	5,000	5,000	10,000
Achievement	4,025	1,129	5,154
Balance	975	3,871	4,846
Central Area			
Target	-	-	5,000
Archievement	1,214	649	1,863
Balance	-	-	3,137
Other Neighbourhoods			
Target	2,500	2,500	5,000
Achievement	2,811	480	3,291
Balance	Nil	2,020	1,709

Source: City Monitor 82, Vol. 2, City of Toronto Planning and Development Department, July 1982.

At the present rate of production, the City will not reach its 1985 target of 5,000 assisted family units.

A real problem exists for those families who do not qualify for assisted housing but whose income allows them little choice of housing in the private market. These, in fact, are the moderate-income people. The Official Plan does not deal effectively with housing targets for this segment of the population, in that it provides density bonuses only for assisted and special needs housing. More recently, attention has focussed on the increasing number of low income single people, who are not eligible for subsidized housing and for whom affordable housing options are shrinking.

The housing objective for all assisted housing is 20,000 units. As of January, 1981 only 8,785 units of the goal had been achieved. Within these targets, some housing is provided for special-needs groups. Special-needs groups include seniors, disabled, and low-income singles including the skid row population and ex-psychiatric patients. Some groups do not require subsidized housing but, as with disabled people, require housing that is of a form to accommodate their special needs. As the availability of affordable housing decreases through renovation and deconversions, the alternatives for vulnerable populations also decrease.

A.1.2 Who Is Doing It

The providers of housing within the City of Toronto are the private sector, the Metro Toronto Housing Authority (formerly Ontario Housing Corporation), the Metro Toronto Housing Company (senior citizen housing), Cityhome, non-profit co-operation and organizations. The province and the Canada Mortage and Housing Corporation provide funding for the public, non-profit, and subsidized housing. The provision and funding for special needs housing varies by population.

All levels of government are involved in planning for new and renovated housing. However, the City plays a leading role in the development of land use policies aimed at encouraging housing for specified populations. The relative success or failure of the policies is dependent on programs and assistance available from the provincial and federal governments. However, the clearly defined objectives and documentation of need, which the City has done, is essential support in advocating and forming the framework for changes, both with government and private developers.

A.1.3 Current Problems

Two key problems exist:

1. There is not enough housing at affordable prices.

2. There is not sufficient housing in the appropriate places and with the necessary support services for populations with special needs, particularly those populations affected by deinstitutionalization.

A.1.4 Conclusions

The City does provide housing to low-to-moderate income families, seniors, disabled people and a small portion of the skid row population. The City can take action in relationship to other sectors by:

- provision of housing to a broader range of people;
- providing planning assistance to developers (profit and non-profit) whose goals are consistent with the municipalities;
- developing guidelines for the form and location of housing for special populations;
- creating a planning framework conducive to the development of low-cost housing and housing for special groups.

A.2 Social Services

With the exception of public health, recreation and library services, the City has not been a provider of established human service programs since 1967. However, the City has maintained a role in advocating for the adequate provision of such services for City residents. Moreover, in recognition of the impact such services have on the quality of urban life, the City has also maintained direct interest in the planning and provision of social services.

A dilemma in discussing social services is to define them. The Community Task Force on Neighbourhood Social and Recreational Services recognized that such terms cannot be precisely defined, but developed these quidelines:

> The term "social services" is often associated with either well-established programs and/or clear government jurisdiction such as social assistance, child welfare, etc. or services provided by traditional social service agencies ...."community services" on the other hand are often referred to as new or emerging services. They may be of a very local nature and they frequently are initiated by residents of a particular community or neighbourhood. (3)

Included in this definition, primarily because of the funding source, is daycare although it could be argued that this is an employment-related service. As well, the line between social and community health services is becoming increasingly vague as the legislation and funding mechanisms are being revised.

A.2.1 What Is Being Done

The City has a comprehensive network of social services. A cursory glance indicates that not only are there services for all populations, but that, in fact, people could be attracted to Toronto because of its social services. A closer examination reveals a system that has developed in an ad hoc manner resulting in an uneven distribution of services across the City. In most instances, there is not adequate service to fill existing needs, even where agencies exist. A recent study on home support services to seniors indicates that not only are there areas of the City which are devoid of some services, the quality of service varies greatly. (4)

Daycare is another case in point. The core of the City provides work not only to City residents, but for people who live outside Toronto. Over 40% of the labour force is women, which means there is a need for provision of care for the children of those women. Daycare is one of the alternatives available for care of children under 10 years of age. The waiting lists indicate the demand is larger than the supply. Daycare is being provided, but not to the degree required, nor at a cost which can be afforded by many young families.

Another area is community support services to vulnerable populations. During the past decade, the emphasis on care has changed from care in institutions to care in the community. The result has been the development of agencies to serve various populations such as the mentally retarded, ex-psychiatric patients, seniors, the physically disabled, and other special groups. Most of the provision of services has been developed in response to demand rather than from a coherent planning base. The result has been inadequate and at times inappropriate services along with many excellent services.

A.2.2 Who Is Doing It

Metro Toronto Community Services, the Province of Ontario and the United Way are the principal funders of services and they play major roles in setting program policy and service priorities. Each service agency has its own intricate funding web consisting of public funds under one or more pieces of legislation and private funds gained through the United Way or agency fund-raising efforts.

Along with a complex social service fabric is a complex social planning fabric, occurring at all levels of government and in the private sector. There is solid reason for this overlap because the private and public sectors view issues from different perspectives. For example, those bodies which provide funding tend to be more conservative in their approach both in defining problems and providing solutions. As well, the local municipal government judges the adequacy of service from a neighbourhood perspective.

The following is an outline of some social services issues currently receiving attention and the planning bodies actively giving attention to those issues.

Daycare

- Provincial Ministry of Community and Social Services
- Board of Education
- Social Planning Council
- City of Toronto
  (Planning and Development Department and
  the Task Force on Workplace Daycare)
- Metro Community Services

Multicultural Issues (racial immigrant, refugee)

- Federal Ministry of State
- Provincial Human Rights Commission
- Metro Community Services
- Board of Education
- United Way
- City of Toronto: - Planning and Development
  - Public Health
  - Management Services - Equal Opportunity Program
  - Mayor's Committee on Community and Race Relations

Community-based Delivery of Services

- Metro Community Services
- Ryerson Community Service Department
- City of Toronto: - Public Health (elderly, mental health)
  - Planning and Development (children, elderly, disabled, mental health)
  - Community Task Force on Social and Recreational Services.
  - Public Library
- District Health Council

Development of Social Data Base

- Community Information Centre
- Metro Community Services

. Social Planning Council
. City of Toronto: - Planning and Developmetnt
- Public Health
- Management Services - Equal Opportunity Program

A.2.3 Current Problems

The decision by all levels of government to counter the economic recession through spending restraints has resulted in fewer real dollars for social services. This comes at a time when demand for services is increasing. More people are under stress, which places a greater demand on social service agencies. The City of Toronto is in a particularly awkward position. As the population increases in the suburbs, so does the demand for service there. The assumed corollary of greater demand in the suburbs is decreasing demand in the City, yet there is no evidence to suggest that this is happening. In fact, there are serious gaps in services in the City, indicating perhaps a need to make more effective use of the existing resources, but not a need to decrease services.

As the money available for services is rapidly decreasing both from government and charitable sources at a time when a demand for services is increasing, this issue demands more research and co-ordination than is presently occurring. More work needs to be done to determine why people in certain parts of the City do not have access to particular services. The reasons can range from lack of appropriate provincial legislation and funding, to restrictions that a particular agency places on their eligibility criteria, to lack of service development in a particular area.

A.2.4 Conclusions

Recognizing that the City has no direct jurisidiction over provision of social services, the City can nevertheless do the following:

- determine through contact with the community and through research where the needs for particular services are greatest;

- maintain an advocacy role to ensure the needs of City residents are adequately met and the delivery of services is responsive to the unique needs and circumstances of neighbourhoods;

- provide seed money through its general grants to emerging community groups that will provide service appropriate to an area;

- encourage co-ordination and service integration efforts through political support and community development efforts;

- improve the provision of services by facilitating user input at the community level;

- facilitate development of services through its own intiative on model projects;

- facilitate the development of a data base, which can be easily used by all the interested parties.

- look at human services impact as an integral part of planning new developments.

A.3 Health Services

The City of Toronto set out broad Public Health objectives through the adoption of the "Public Health in the '80's". The shift from crisis intervention to prevention is summarized in the following statement:

> A true mandate for the future, clearly, is to develop a preventative community approach to those threats which cause the greatest morbidity and mortality. (5)

This preventative policy has implications for other health care and social service agencies, with demands on them for changes in service that will be compatible with Public Health's shift.

A.3.1 What Is Being Done

The Public Health Department has undergone a major re-organization in an effort to provide a structure that more easily accommodates community-based prevention services. Following the successful establishment of the Eastern District Health Office with a Community Advisory Board, the Health Department has now established three additional district offices. One of the objectives in decentralized administration is to allow decentralized policy development out of district offices with local Community Advisory Boards. Two advantages of such an approach are policies which should be more consistent with local needs and increased visibility of health services.

As part of the preventative approach Public Health has begun to define "high risk" populations and to develop appropriate programs. Efforts include the High Risk Pregnancy Program, the Working Group on Health and Poverty, and the Task Force on Health Services to Elderly People.

Another aspect of the change in emphasis is a community development approach aimed at expanding the capacity of neighbourhood based services capable of providing crisis intervention services in addition to ongoing maintenance services. This approach does not appear consistent with the trend occurring at the provincial level to change many of the services presently funded under Ministry of Community and Social Service legislation to Ministry of Health legislation.

At the same time that the City's Health Department is developing a more decentralized approach, the establishment of a District Health Council centralizes some policy development throughout Metro. It is yet unclear whether this means a more centralized approach to service delivery as well. The recent public discussion around Chronic Home Care makes it clear that professionals disagree as to the desirability of a decentralized model of service delivery, and the District Health Council has yet to develop its final position.

A.3.2 Who Is Doing It

Health initiatives involve not only the Public Health Department but also community groups, other municipal departments, the Board of Education, the District Health Council and the provincial government. It is becoming increasingly clear that the province intends to depend on the District Health Council to develop policies and priorities upon which funding allocations will be based. To date the District Health Council has been developing its capacity to carry out this function and local Boards of Health have been able to carry on relatively independently. The Health Proctection Act, currently pending in the legislature, and the recent activities of the District Health Council around chronic home care may mean an end to that autonomy.

A.3.3 Current Problems

There are two major health issues. The first, resulting from provincial policies on deinstitutionalization, is the increasing numbers of "high risk" or "vulnerable" people in the community, frequently without adequately developed of community-based health and social services. Often people are released from Ministry of Health-supported institutions without the necessary transition planning and must fit into a radically different system. This has implications for neighbourhood health services, social services, and housing.

The second major issue is the transition from a crisis intervention to a preventative approach. Demand from citizens and agencies makes it difficult for the Public Health Department to cease its existing primary care services without ensuring that such services are provided by other agencies. There is some urgency in determining who is going to do crisis intervention and

ensuring that adequate funding is available through Metro and the Province. A solution needs to be sought that will resolve the present demands for service without precluding the preventative initiatives. Some of the key outstanding issues are early diagnosis and prevention programs for children, aging and other high risk populations.

A prevention oriented approach logically should give priority to children since general health status and habits are established during childhood. The "Healthiest Babies Possible Program" gets the prevention started at its logical point. However, there is a major gap from post-natal to school age. This is a period during which many developmental problems can begin to emerge and serious effects prevented if properly diagnosed and treated. It is not until children reach school-age that they once again come to the attention of professionals who might recognize seemingly insignificant signs which could develop into major problems.

A.3.4 Conclusions

The City can and is undertaking a number of efforts aimed at modifying their own Public Health Department's structure and methods of dealing with the issues. Public Health is in a position, within the parameters set by the provincial goverment and the District Health Council, to modify their existing programs and develop new programs.

Given the ambiguous boundaries between health and social services as well as the recognition of health issues in the context of the physical and social environment, planning for health requires a co-ordinated approach. Co-operation with Metro Community Services, and the Planning and Development Department is important. The things the City can do are:

- continue to develop a broad planning approach to health which recognizes the interaction with social and environmental issues;

- continue its movement towards development of neighbourhood-based health services;

- develop research which would provide better information about the effects of the social and physical environment on health.

A.4 Education

City Council has consistently demonstrated its concern about schools as an integral part of its goal to preserve and enhance neighbourhoods. Through Official Plan statements as well as through initiatives around community use of schools, the City has

made clear its goal for adequate and responsive education in the City.

A.4.1 What Is Being Done

It would be stating the obvious to say that public education is available to all Toronto children. The question is not whether education is available, but rather the quality of education and its appropriateness for children from a variety of backgrounds and cultures.

Neighbourhood schools which traditionally have been considered the ideal for young children, are becoming less a reality in parts of Toronto. Between declining enrolment and dissatisfaction towards traditional schools, the neighbourhood school is losing its population. Toronto's School Board allows attendance at any school in the system which includes a number of alternative and bilingual schools. The main advantage to this system is that children from the 'inner city', which has been an area with a higher proportion of lower socio-economic families are not required to attend lower quality schools. A problem with this system is that schools with better reputations fill up quickly and have long waiting lists. Also it is only those parents with an understanding of the system who can use it to the advantage of their children.

Toronto also has a growing number of community schools having shared-use agreements between the Board of Education and the City of Toronto. The benefits of such agreements are twofold. The immediate and most obvious benefit is flexible use of school space made available through declining enrolment. A second and more subtle benefit is to bring schools more in touch with the communities in which they operate.

The Toronto Board of Education was one of the first major establishment bodies to seriously consider multi-cultural and racial issues. The initiatives have included curriculum changes to include positive presentation of different cultures and provision of heritage language course and staff programs aimed at increasing representation of minorities.

A.4.2 Who Is Doing It

The Boards of Education both Separate and Public are autonomous bodies and answerable to the electorate in the same manner as City aldermen. The body which has the most control over the school system is the provincial government. As with the City, the Board of Education have only those powers given it through provincial legislation. Within this framework, the Boards of Education plan and deliver education program.

Despite there being no required connection between the City and the Boards (besides the turning over of a portion of municipal taxes to the Board), there are a number of issues which concern both the Board and the City. An example is the recent introduction of Bill 100 and subsequently Bill 127 which threatens Toronto's Board's revenue base and therefore threatens smaller schools and teachers' jobs. Another is the issue of declining enrolment and the effect, not only on the quality of education, but on City neighbourhoods as well.

A.4.3 Current Problems

Although children may attend whatever school their parents have the foresight to choose, the fact remains that a streaming of children from minority and lower income families into vocational school is still occurring. This is of concern because many of these children, given more appropriate elementary education might not attend vocational schools.

Another major concern is the appropriateness of vocational school curriculum. The majority of young people graduating from vocational schools are unable to obtain jobs doing the work for which they were theoretically trained.

Of major concern is proposed change in the provincial legislation which will have a direct impact on the quality of education in Toronto. The primary issues are: 1) the loss of teachers' jobs during a time of high unemployment; 2) the closure of smaller schools including the alternative and biligual schools; and 3) the cutting back of special education programs aimed at providing more personal attention. In other words, a system which admittedly does not provide an adequate education for all its students will be required to cut back even further. A recent decision by the Province eliminated non-curriculum courses, including heritage language courses from receiving provincial financing.

An underlying issue is the ability of the City and the Board to work together on major issues thus strengthening the position of both.

A.4.4 Conclusions

Although the education of children is under the jurisdiction of the Board of Education, the City does have an interest in the activities of the Board because such activities can impact on communities through the relationship of schools to neighbourhoods and through the relevancy of curriculum for a multicultural population.

The City can:

- continue to influence the Board of Education's relationship with the community through its shared-use agreement;

- identify demographic and neighbourhood changes and work in co-operation with the Boards on trends that may have major impacts on school programming.

A.5 Employment and Income

City Council through establishing an Equal Opportunity Program in Management Services and an Economic Development Division in this department has made explicit its concerns about employment and income. As well, in developing policies for provision of services the City has established goals of equal access to all citizens regardless of income.

A.5.1 What Is Being Done

Lack of individual or family income can be resolved through increased employment opportunities or through improved income maintenance programs.

While job creation is generally viewed as a federal responsibility, the City of Toronto is taking a positive approach towards economic development, which in turn should provide increased employment opportunities. This is just one approach towards providing employment.

As unemployment rises, vulnerable populations, particularly youth, disabled and visible minorities face increased difficulties finding jobs. The City has been dealing with this problem through limited community employment development initiatives and, as a corporation, through its own Equal Opportunity Program. While the latter does not increase jobs per se, it does work towards providing employment for people who have been previously excluded through discriminatory practices.

Income maintenance programs all rest within the other levels of government. Although pensions and social allowances have increased almost annually, the increases have not kept pace with inflation. A summary of what is being done in this area of employment and income suggests simply that efforts are inadequate.

A.5.2 Who Is Doing It

The Federal and Provincial governments have a variety of job creation programs, but these have not kept pace with the loss of jobs in both the public and private sector. The City is playing an active role, not only in maintaining the industry it has, but

in encouraging the development of new industry. As a corporation it has also served as a model in its employment practices.

Although the Metro, provincial and the federal governments are the providers of income maintenance programs, the Metro Social Planning Council has taken this problem as one of its key issues and has been fairly successful in making the public aware of the increasing discrepancy between an income security allowance and the cost of living.

A.5.3 Current Problem

Since 1975, the unemployment rate and the cost of living have risen steadily. Although Toronto has a lower unemployment rate than Canada as a whole, it has a relatively high proportion of people not in the labour force who are on income security programs. In times of high employment some of the people who are currently out of the labour market are, in fact, employable. The key issue really is that almost a fifth of Toronto's households are living below the poverty line. Direct means of changing this entails increased employment opportunities with reasonable pay, and improved income security programs.

A.5.4 Conclusions

Although poverty is an issue that surfaces continuously, the City has not yet begun to grapple with it in terms of goals. The City is not in a position to change income security programs, but it can strive to develop its own programs in health, housing and recreation in ways to relieve some of the more severe impacts of poverty. The City can also take a more aggressive position about government restraints on spending in this area by analyzing the cost to local government through monitoring demands on their services and programs.

The City is a victim of the current economic situation, and can have little direct influence over national economic policies. Nonetheless, there are some steps the City could take that would help to alleviate the effects of the recession and provide a better economic environment for its citizens:

- continue to encourage growth of business, commerce and industry in appropriate sections of the City;
- develop community employment development programs that not only involve traditional retraining and development of job-seeking skills, but also attempt to get at the basic problem of job creation;
- continue an aggressive approach with its own Equal Opportunity Program.

APPENDIX B

B.0 THE CONTEXT OF STATISTICAL DATA

The context includes those things which have an impact on the social environment and the use of human services. The information, in a sense, is a series of statistical snapshots which can be used to generate questions and issues about the present situation. Ultimately, this information provides a backdrop against which to view and measure the City's social objectives. The key components are the economy of Toronto and the nation, demographic changes, and social data which might indicate if the other changes are, in fact, having an impact.

B.1 Economic Conditions and the Changing Labour Force

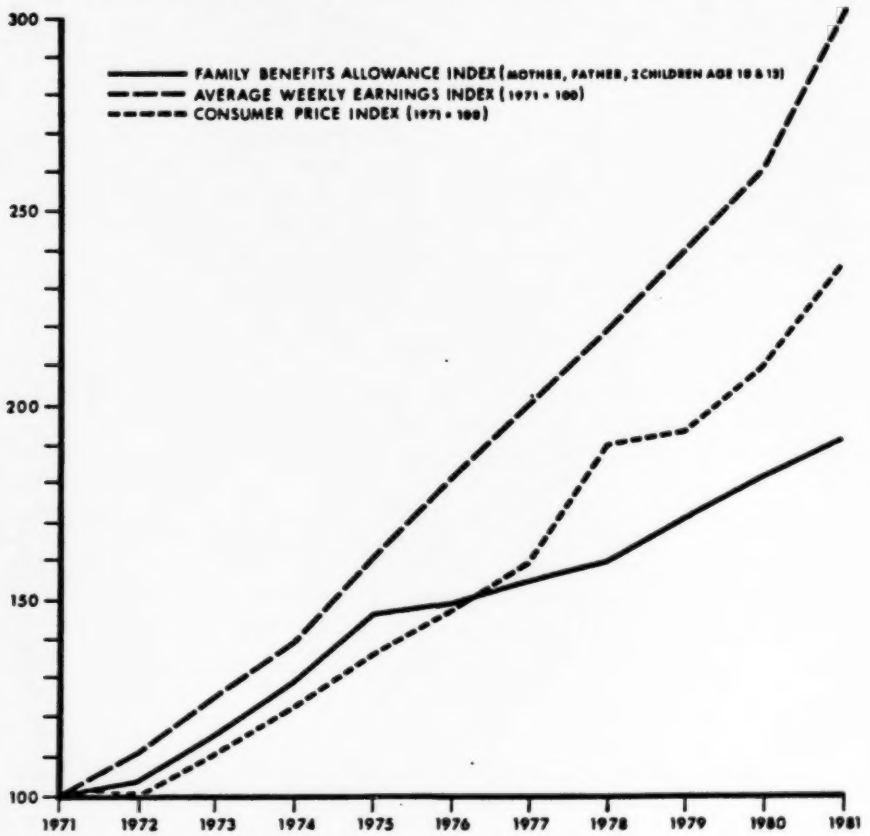
One of the most significant factors contributing to the need for human services and affecting the social environment is the economy, both for Canada as a whole and for Toronto. From the 1950's until the mid 1970's, Canada was in a period of economic expansion with relatively low unemployment and low inflation. It was also a period of increased government spending on human services. The more recent decline of growth in the economy has prompted governments to question their spending and to develop policies of restraint particularly on social program expenditures.

B.1.1 Purchasing Power

An indicator of the state of personal economic conditions is the purchasing power of incomes. Graph 1 provides indexes of Metro Toronto's consumer prices, average weekly salaries, and Family Benefits Allowance for a family with father, mother and 2 children. Salaries have generally increased at a faster rate than consumer prices, while pensions and income security programs have fallen behind, which means that those people who are working have maintained or improved their purchasing power, while people on pensions have a lower standard of living in 1981 than in 1971.

GRAPH 1

COMPARISON OF CONSUMER PRICE INDEX WITH AVERAGE WEEKLY EARNINGS AND FAMILY BENEFITS ALLOWANCE – CENSUS METRO AREA



SOURCE: CONSUMER PRICE INDEX
EMPLOYMENT EARNINGS AND HOURS
METRO COMMUNITY SERVICES

Shelter costs have been a major contributor to the increased cost of living.

As pointed out in the Housing Department's annual report:

> Prices of most types of housing in the Metro area generally increased during 1980 and 1981, but the City itself was the real hot spot, notably in newly constructed rental housing and in the ownership market. (6)

Although many people on pensions live in rent-geared-to income housing, there are long waiting lists for such accommodation, and a significant proportion must seek housing on the private market. Table 1 indicates the average apartment rents for the City of Toronto. With the maximum pension for a single person on Gains-D being $414 per month, the rent on a bachelor apartment would use over 65% of the person's income.

TABLE 2. AVERAGE APARTMENT RENTS
IN THE CITY OF TORONTO OCTOBER 1981

	Number of Bedrooms			
Over	Bachelor	One	Two	Three
Central	303	387	513	677
East	251	312	354	435
North	277	347	452	594
West	276	332	401	533
Total City	288	358	459	615
% increase from 1980	8.1%	9.2%	17.0%	31.0%

Source: CMHC, Rental Apartment Vacancy Survey, April, 1982

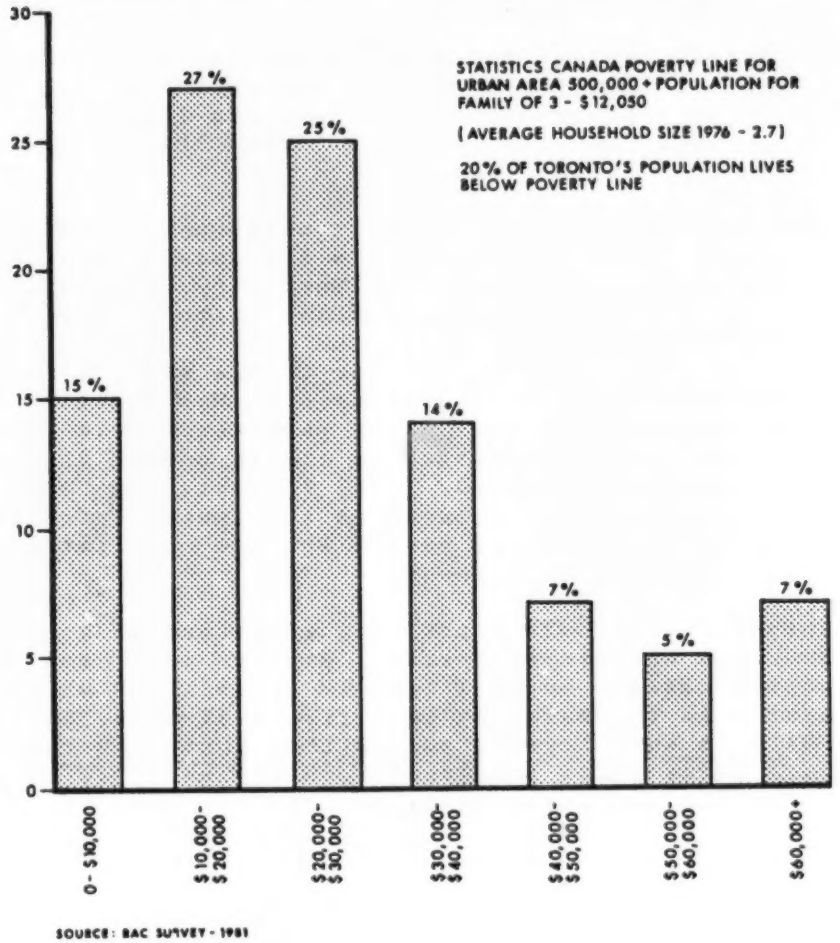
The people most adversely affected by inflation are those receiving pensions or some form of public assistance, particularly elderly, disabled and children of single mothers. The City of Toronto has a greater proportion of children living in families receiving public assistance than the rest of Metro. In 1978, the percentage of children in families receiving Family Benefits Allowance was 8.0% in the City as compared to 4.3% for Metro as a whole. The percentage of children in families receiving General Welfare Assistance in July, 1979 was 4.3% in the City while it was 3.1% for all of Metro Toronto. (7) The City of Toronto also has a larger percentage of people 65 years of age or older - 12.49% in City of Toronto compared to 10.58% for Metro (Statistics Canada 1981 Census). While those earning salaries have kept pace with the rising cost of living, a significant proportion of the City's households are receiving pensions or public assistance, which have risen much more slowly than consumer prices.

As well, there is evidence that a large proportion of Toronto's population lives below the poverty line. The Resident's Attitudes toward City Services Survey, indicates that close to 20% of the City's households are living below the poverty line. (8) Graph 2

presents the distribution of household incomes in Toronto. Using the Statistics Canada poverty line of $12,050 for a family of 3 living in an urban area of 500,000+ population, roughly 20% of Toronto's population is below the poverty line.* This is a rough estimate; while the average household size in Toronto in 1976 was 2.71 it is likely that the average varies slightly across income levels.

* This assumes a relatively even distribution of incomes within the $10,000 - $20,000 range and consistent average household size across income levels.

GRAPH 2
COMPARISON OF TOTAL FAMILY INCOME, 1981 - CITY OF TORONTO



SOURCE: RAC SURVEY - 1981

The City of Toronto's distribution of incomes approximates a bell curve skewed to the lower incomes with a rise in the upper level incomes. A possible future trend is the increasing number of poor and rich, with relatively few middle income households. The cost of housing will encourage only the relatively wealthy and those poor enough to receive subsidies to live in Toronto. This trend is not yet apparent in the statistics but it is of concern as housing costs continue to increase. Toronto could then face a situation where rich and poor sections adjoin without the buffer of middle income households. Such polarization of socio-economic

levels can result in increased crime rates and greater dissatisfaction among young people living in poverty. Upward mobility can be stifled because the steps between levels are so much greater.

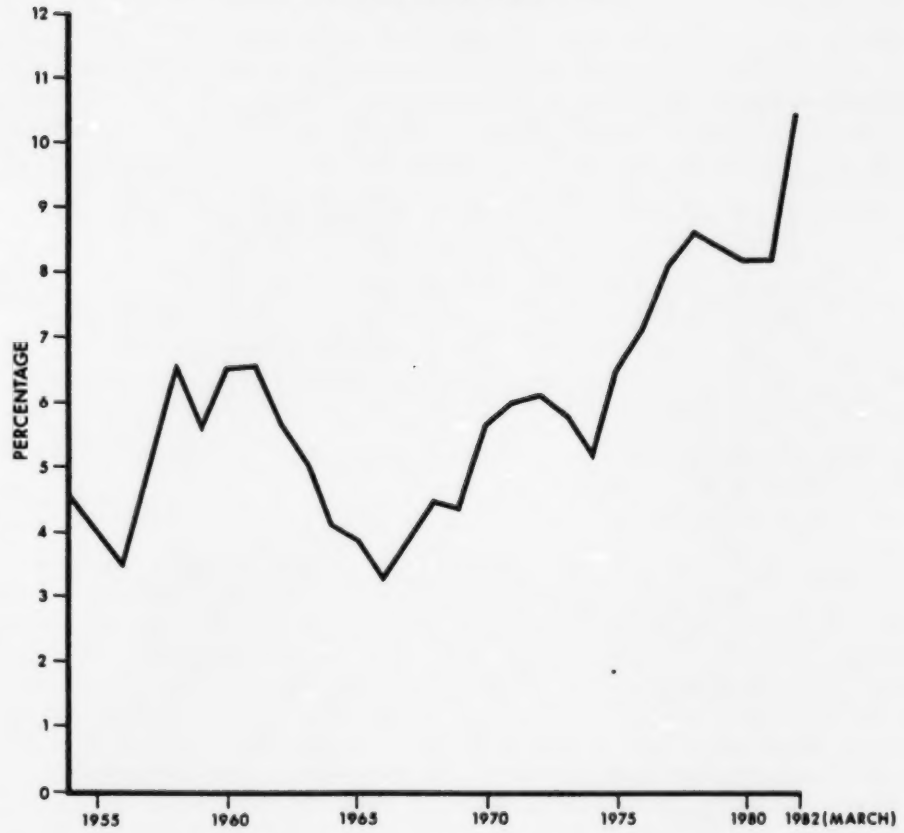
B.1.2 Labour Force Participation

During the past decade, labour force participation has changed in two major ways: 1) the unemployment rate has increased to rates consistent with those experienced during the late 1930's 2) the participation of women in the labour force has increased significantly.

Graph 3 provides a picture of Canada's unemployment rates for almost three decades. Metro Toronto's rate has consistently been lower than Canada's or Ontario's. The City of Toronto's unemployment rate is generally higher than Metro's. In 1976 Metro's unemployment rate was 6.2% while the City's was 7.1%. (9) In January, 1982, the unemployment rate for Canada was 9.5% while the rate for Toronto Census Metropolitan Area was substantially lower at 6.1%. However even at this lower rate there were 106,000 unemployed people in the area, which is almost double the total labour force of Prince Edward Island. (10) People on pensions and public assistance are not included in the labour force pool, plus there are many more unemployed people who are not listed with Manpower as actively seeking employment.

Youth unemployment (ages 15-24 years) has increased at a greater rate than the over all unemployment rate. Between 1981 and 1982 youth unemployment increased by 20 % from 13.6% to 16.3% while the total unemployment rate increased by 14 % from 8.3% to 9.5%. (11). During periods of high unemployment populations most vulnerable to the conditions are those which are traditionally hard to employ such as youth, disabled and some ethnic minorities.

GRAPH 3
CANADIAN UNEMPLOYMENT RATES, 1954 - 1982



SOURCE : LABOUR FORCE BULLETIN

Also at times of high unemployment an increased number of individuals are under stress: financial stress because of loss of income and personal stress due to loss of a key ego identification source. Unemployment places strain on families and individuals which, in turn, places increasing demand on human services.

TABLE 3

LABOUR FORCE PARTICIPATION RATES OF MALES AND FEMALES 15 YEARS AND OVER, THE TORONTO CENSUS METROPOLITAN AREA, METROPOLITAN TORONTO AND MUNICIPALITIES, 1961-1976

	1961			1971			1976		
Area	M	F	Total	M	F	Total	M	F	Total
City of Toronto	80.2	45.0	62.0	78.9	52.5	65.4	74.4	52.0	62.7
York	84.0	42.0	62.4	83.1	51.0	66.5	77.5	51.5	63.9
East York	83.7	41.5	61.4	82.5	52.9	66.6	76.9	53.5	64.2
Etobicoke	85.2	34.3	59.0	83.7	48.4	65.8	79.5	52.3	65.5
North York	86.6	33.6	59.6	84.8	48.6	66.6	79.8	52.1	65.4
Scarbourgh	88.9	35.5	62.0	85.2	48.6	66.6	80.0	51.7	65.3
Metro Toronto	83.4	40.4	61.3	82.4	50.4	66.0	77.8	54.6	64.4
Fringe Areas	85.0	28.7	67.1	85.8	45.1	65.5	82.9	52.0	67.4
C.M.A.	83.6	41.0	60.9	83.0	49.4	65.9	79.0	52.0	65.1

Source: Census of Canada Labour Force Activity Catalogue 94,-803 (Bulletin 5,5), 1961-1976

Another significant change in the labour force is the proportion of women working. Women's participation in the labour force increased steadily in the City until 1976 when the rate dropped slightly. This drop was primarily due to a decrease in total labour force participation. The participation rates of males decreased more sharply than those of females. As indicated in Table 3, women now make up a significant proportion of the labour force. The main implication of women's greater participation in the labour force is the increased demand for daycare.

B.1.3 Government Spending on Human Services.

For approximately twenty years government spending increased significantly particularly in the human services area, both health and social services. Provincial and local government expenditures rose from less than 10% of the gross national product in 1955 to about 25% in 1975. This was made possible to a large degree by federal transfer payments. However, since 1975, governments are showing restraint as a response to economic conditions, and social services expenditures are being curtailed. (12) The recent deletion of the $5.7 billion revenue guarantee program by the federal government will likely have a further detrimental impact. As pointed out by the Canadian Council on Social Development,

> "To summarize then, recent Canadian studies have shown that the impact of national economic policies has a direct effect on the health of individual Canadians; on the funding

of social programs, on the operation and service of voluntary social service organizations and on the financial requirements of municipal governments. (13).

TABLE 4 (14) clearly indicates the increase in government social spending in the past decade, with a slight decrease in the percentage of Social Development budget in 1980/81 as compared to the total budget. What is evident is that during periods of economic restraints the provincial government responds by spending less on those services which are most likely to be in the highest demand. It is also a time during which the private sector decreases its charitable spending.

Table 4
Trends in Government Expenditures, 1971-80

At a time when demand on services is increasing, the ability to provide services through government and private funding is decreasing.

B.2 Demographic Changes

Toronto's population has changed in size, ethnic composition and household composition. Over the past decade, Toronto has experienced a steady decline in population, an increase in racial minorities, and an increase in single persons households. This has implications for the demand and type of services required.

B.2.1 Population change

Since 1971, the City of Toronto has experienced a significant decline in population. As indicated in Table 5, Toronto's population remained fairly stable for the previous two decades from 1951 to 1971. Then Toronto lost close to 17.0% of its population from 1971 to 1981.

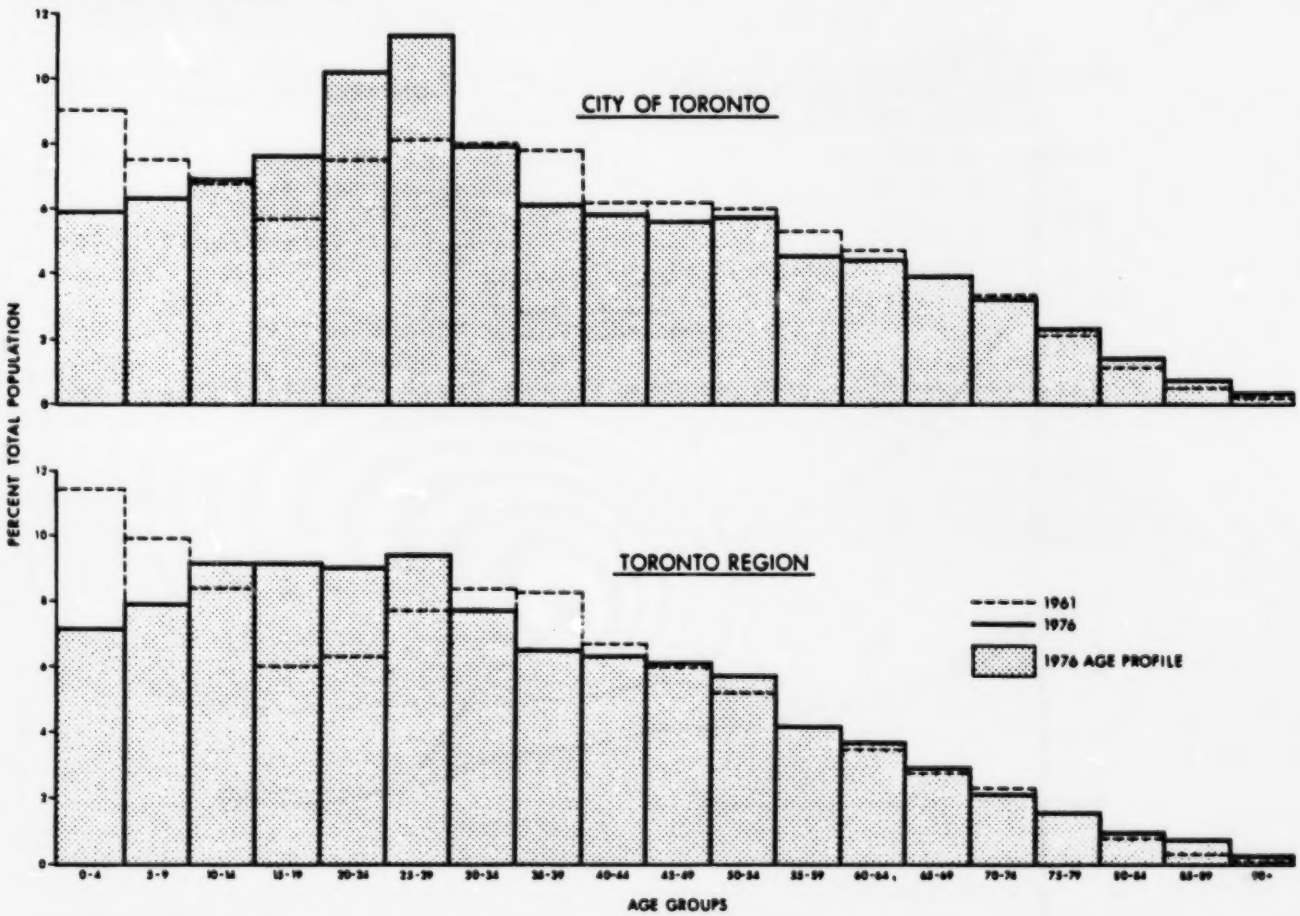
TABLE 5
CITY OF TORONTO POPULATION CHANGE

Year	Population	5-Year Change	% 5-year Change
1951	695,781	-	-
1956	699,131	+ 3,350	+ 0.5
1961	702,524	+ 6,743	+ 1.0
1966	697,422	- 5,102	- 1.0
1971	712,786	+ 15,364	+ 2.0
1976	633,326	- 79,461	- 11.0
1981	599,217	- 34,109	- 5.4

Source: Statistics Canada Census Data

B.2.2 Age and Household Composition

GRAPH 4
POPULATION DISTRIBUTION BY AGE GROUPS - CITY OF TORONTO AND TORONTO REGION, 1961-1976



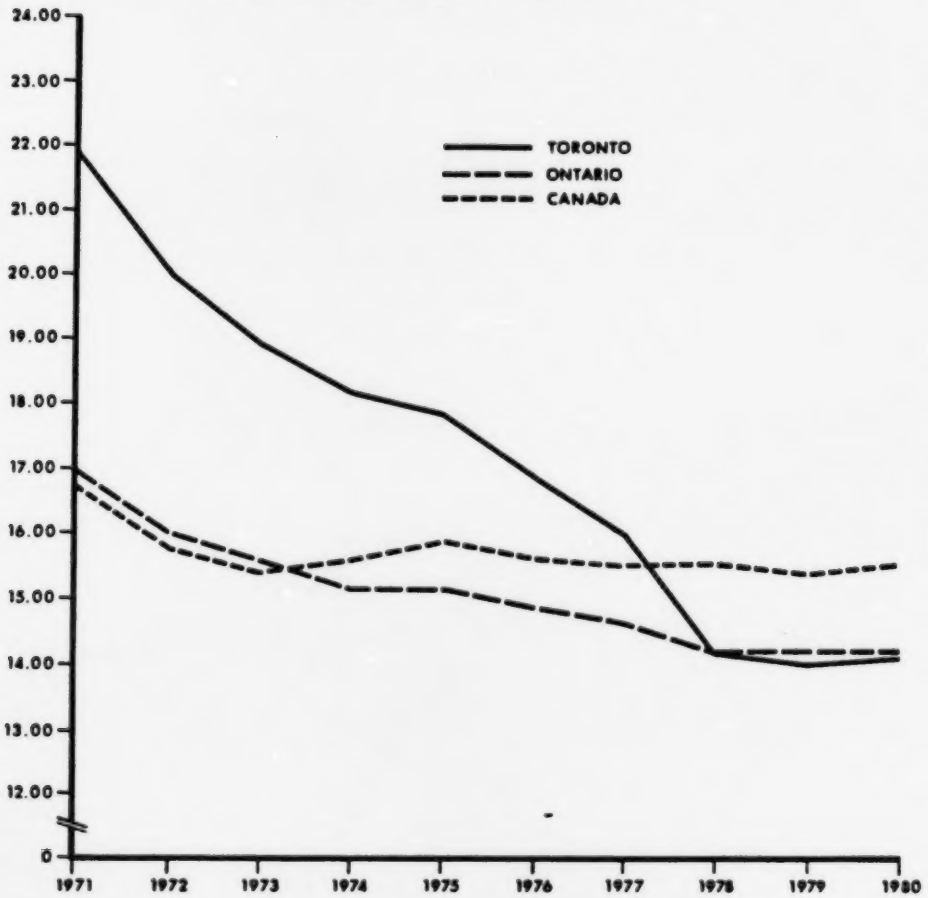
SOURCE: TORONTO IN TRANSITION

The population loss is particularly evident in the family age groups (children 0-15 and adults 35-50). As illustrated in Graph 4, while there has been a similar decline in the numbers of children in the Toronto region, the change is not spread evenly throughout. While the City of Toronto and other inner Municipalities are experiencing an outward movement of families to the fringe suburb areas, the suburb areas, consequently are

experiencing a growth in numbers of families with children. The movement out of families combined with declining birth rates as indicated in Graph 5 has transformed Toronto from a City predominately made up of families to one with a significant proportion of single people. This transformation has occurred primarily in the central area.

GRAPH 5

TOTAL FERTILITY RATE COMPARISON TORONTO(CITY), ONTARIO AND CANADA - RATE PER 1000 WOMEN, AGE 15 - 49



SOURCE: TORONTO PUBLIC HEALTH DEPARTMENT
DEMOGRAPHIC BULLETIN

One of the more important implications of a decline in the number of families with school age children is a decline in school enrolment, as indicated in Graph 6. The decline in school enrolment was sharpest in public elementary schools. However, as the Toronto Board of Education has pointed out, there was no proportional reduction in the demand of services with this reduction in the number of students for several reasons, including the following:

1) the widespread system knowledge of the needs for special education;

2) the professional knowledge of the needs for language services has increased;

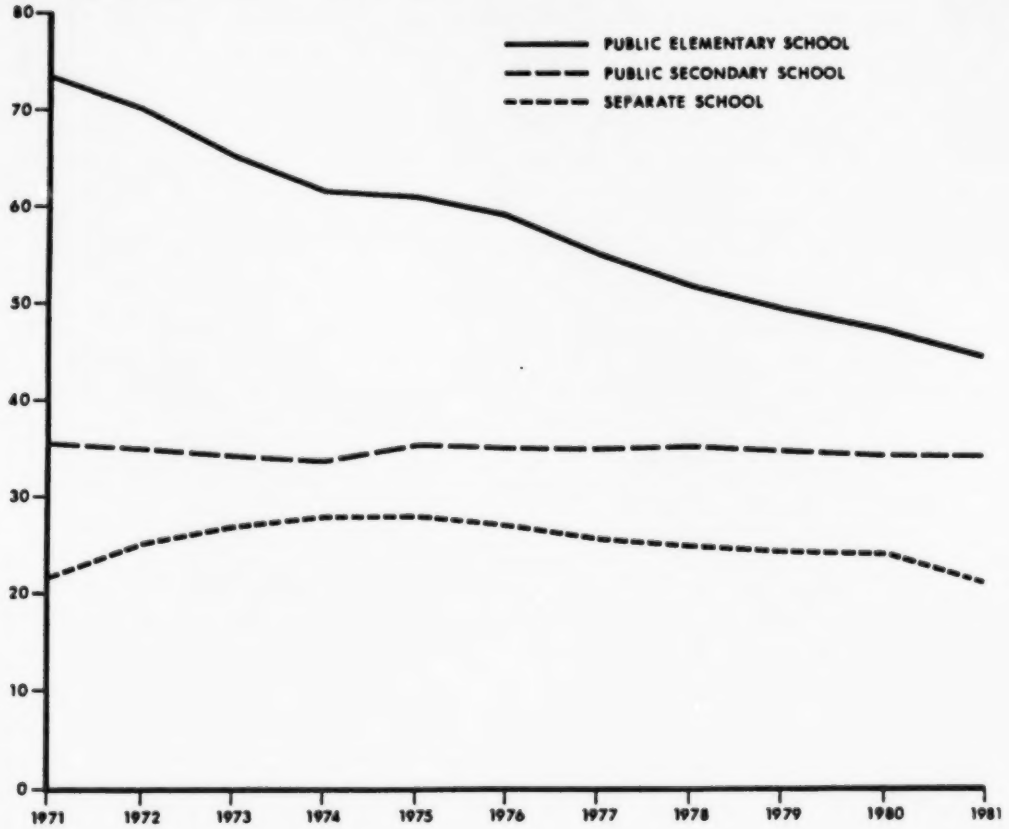
3) family size is down;

4) demands for special resources have increased with the rise in the number of single parents;

5) the selective departure from among the student population of those least in need.

Thus, the per capita education requirements have increased and declining enrolment has not meant declining need or demand for service on the school system.

GRAPH 6
SCHOOL ENROLMENT, 1971 - 1980



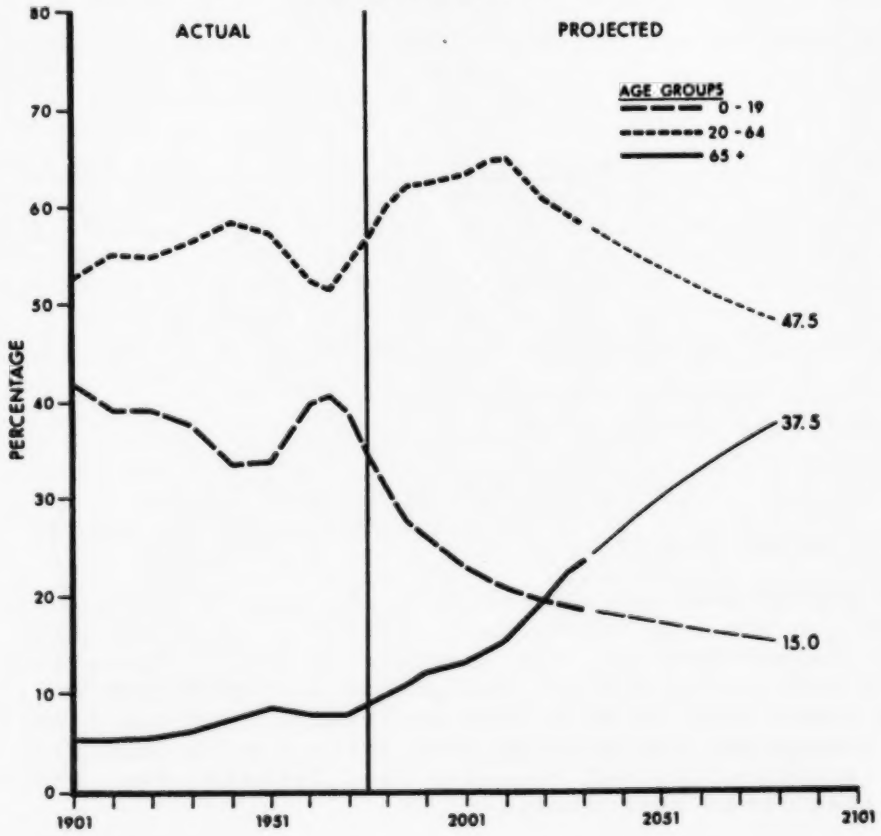
SOURCE: PUBLIC AND SEPARATE SCHOOL BOARDS
TORONTO STATISTICS

While families have been moving out, young people in the age group of 20-29 have been moving into the downtown area. The movement pattern for the past 10 years has been one of young singles into the City, living here until they begin to have families, and then moving to the suburbs. The available housing accommodation encourages this movement. Over the past 15 years, developers built increasing numbers of studio and bachelor apartments, with almost no larger rental units for families. The cost of buying a house in Toronto has become so expensive that the only viable alternative for middle income families is to move out of Toronto.

The other age group that has experienced a slight increase is people over 65. In 1976, 11.79% of Toronto's population was elderly. As shown in Graph 7, Ontario will be experiencing an increase in the relative distribution of people 65+ and it is likely that Toronto will experience some increase. Although there is the movement of families to the suburbs, and a tendency of elderly people to remain where they have raised their families, the type of housing and the availability of services for seniors may be a factor in drawing aging people back to the City.

GRAPH 7

RELATIVE DISTRIBUTION OF THE POPULATION BY AGE GROUPS FOR ONTARIO, 1901 - 1976 AND PROJECTED TO 2031



SOURCE: DEMOGRAPHIC BULLETIN, VOL. 8, No. 11, P.29

The trends over the past three decades have resulted in an increase in one-person households with more young adults and seniors living on their own. Table 5 illustrates the shift from a city with families to a city with singles. The major contributing factors are low birth rates, high divorce rates, and the accommodation available.

TABLE 6
HOUSEHOLDS BY SIZE, METROPOLITAN TORONTO
AND MUNICIPALITIES, 1951-1981

Municipality	1 Person households	%	2-3 Households	%	4 + households	%	Total Households	%	Average Household Size*
City of Toronto									
1951	10,225	6.0	65,834	40.0	87,767	54.0	163,826	100.0	4.3
1956	14,055	9.0	68,223	41.0	83,325	50.0	165,603	100.0	4.2
1961	25,142	14.0	78,618	43.0	79,025	43.0	182,785	100.0	3.8
1966	33,856	18.0	79,178	42.0	77,103	40.0	190,137	100.0	3.7
1971	52,335	23.0	97,290	43.0	75,070	34.0	224,695	100.0	3.2
1976	71,325	31.0	82,640	36.0	76,430	33.0	230,395	100.0	2.7
1981	90,505	37.0	96,480	40.0	54,285	22.5	241,270	100.0	2.5

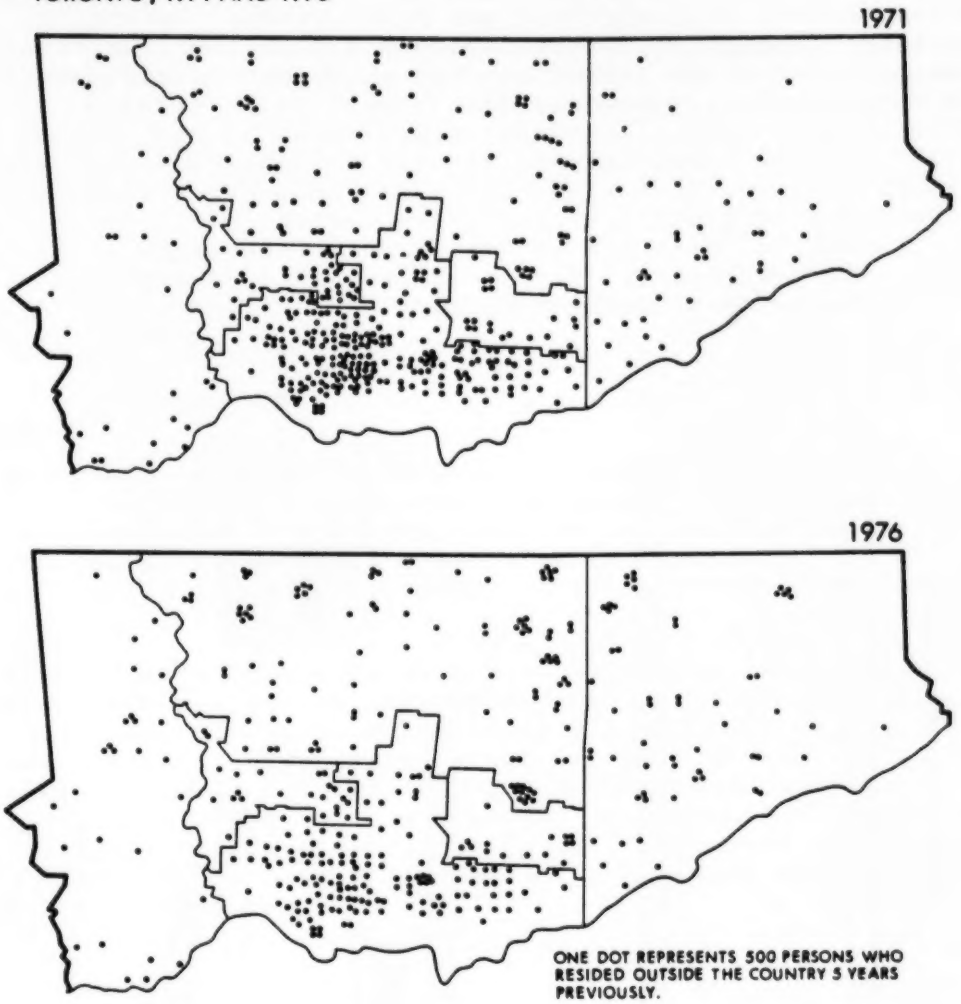
Sources: Toronto Planning Atlas
Statistics Canada Data

B.2.3 The Immigrant Factor

The ethnic population of Toronto is changing both in terms of country of origin and in settlement patterns in the City of Toronto. A comparison of the location of recent immigrants in 1971 and 1976 indicates that new immigrants are no longer settling in the traditional area of west central Toronto, but are dispersed more evenly throughout the Metropolitan Toronto area (Map 1). The cost and availability of housing in Toronto has probably contributed greatly to this change.

MAP 1

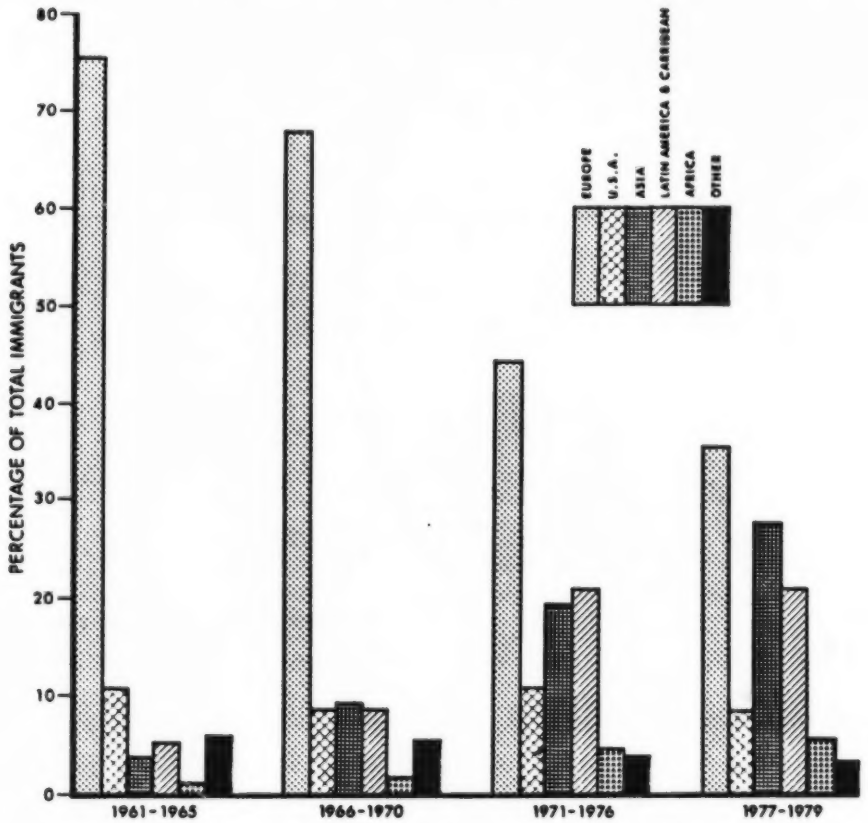
LOCATION OF RECENT IMMIGRANTS TO METROPOLITAN TORONTO, 1971 AND 1976



SOURCE: TORONTO IN TRANSITION

Although the City is not receiving as great a proportion of immigrants, it still receives a significant number, but with radically different countries of origin. During the 1960's, the predominant source of immigrants was from Europe, while in the seventies the largest proportion came from Asia, the Caribbean and Latin America (Graph 8). This has had an impact on the numbers of visible minorities in Toronto.

GRAPH 8
IMMIGRATION TO CANADA BY SOURCE



SOURCE: DEMOGRAPHIC BULLETIN

Over a third of the immigrants to Ontario in the past 3 years settled in Metro Toronto, while almost an additional third settled in the regions adjacent to Metro. (16)

In 1980, 1/4 of the total immigration were refugees. This is particularly significant because the settlement needs of refugees are usually greater than immigrants in general. Refugees have generally been forced to leave their country of origin and have been unable to bring many of their possessions. As well, they have often undergone physical deprivation and loss of family. They are cut off from their country and family far more severely than most other immigrants. The result is not only a demand on the usual settlement services, but additional demands on mental health services, if not for the refugees immediately, then for their offspring later.

B.3 Social Data

In order to determine whether the economic and demographic changes have, in fact, resulted in a deteriorated social environment, it is necessary to look at some indicators of an unstable community. These include crime statistics, divorce rates, incidence of child abuse, and the incidence of death due to tension - related health problems.

Getting social data presents some real problems. Many agencies which provide services do not keep records in a manner that allows the easy use of the information for statistical purposes. The natural, and probably appropriate, reaction of people providing service is to give service priority, and little attention is given to the keeping of statistics. As demands increase and resources decrease, maintaining statistics is likely to receive decreasing attention, at a time when data is most needed to evaluate programs and manage scarce resource.

B.3.1 Crime Statistics

Table 7
Police Statistics

The number of reported offenses did not increase significantly from 1973 - 1979. However, there has been a slight increase in the crime rate. While the City experienced decrease in population of close to 17%, the crime statistics only decreased by 1.6%. The two areas where there has been a steady increase is "theft" and "wounding and assault". These are the two areas in which one might expect an increase when people are under additional financial and personal stress. However, without a more careful analysis, the data should be interpreted cautiously. There could be other reasons contributing to the increase. Not clearly delineated are those criminal offenses which occur within families. A possible reason for the increase in numbers of "woundings and assault" could be an increase in reports of wife abuse. However, there is no evidence to confirm or deny this.

Generally wife abuse is not viewed as a crime, with police treating such criminal acts as marital difficulties which "have gotten out of hand". Ontario police, for example, are taught that this is part of their "non-criminal maintenance order duties" and not part of their law enforcement duties". (17) Consequently, there are no accurate statistics of a crime that could be an indicator of societal stress.

B.3.2 Child Abuse

TABLE 8

CHILD ABUSE - CAS CASES

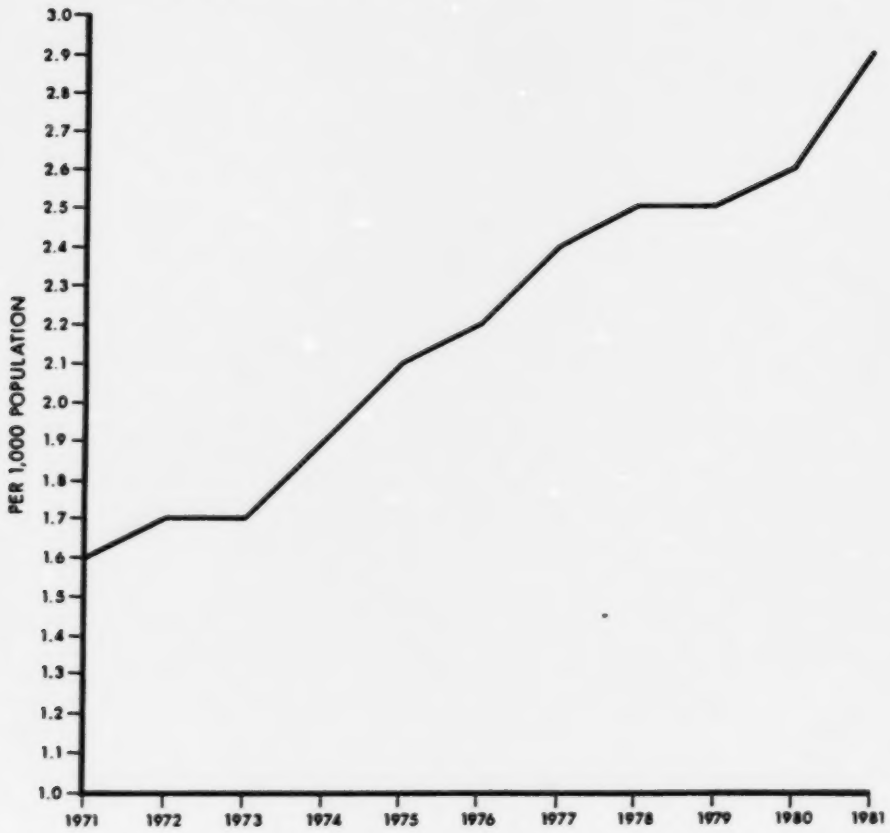
	Toronto	Scarborough	North York	Etobicoke	Total
1977	121	54	77	43	295
1978	125	71	75	48	319
1979	138	88	78	57	361
1980	117	74	69	43	303
1981	103	49	45	32	229

Source: Children Aid Society

Another crime which is often not recorded in criminal statistics is that of child abuse. Unless a child is severely hurt or killed, a criminal charge is generally not made. Figure 16 presents the statistics available from Children's Aid Society. This does not include Catholic Children's Aid, but they report a similar rate of change. There has been a decrease in the past three years in the number of child abuse cases in Toronto. However, the number of abuse cases is greater than any other area municipality. The number of cases in Toronto is approximatley double the cases in Scarborough, although there are more children in the borough than in the City. This is a strong indication of more families under stress in the City of Toronto.

B.3.3 Divorce Rates

GRAPH 9
DIVORCE RATES - ONTARIO



SOURCE: DEMOGRAPHIC BULLETIN

Divorce rates in Ontario have risen dramatically. Graph 9 illustrates a steady increase over the past ten years. The numerical increase is startling - divorces in Ontario have risen from 8,974 in 1965 to 62,019 in 1980. (Statistics Canada). A part of this increase is probably the influence of changing attitude towards divorce and the relaxing of the Divorce Law in 1967. However, it is unlikely to account for an almost 800% increase. Other contributing factors may be increased pressures due to more women working along with more financial independence for women, increased strain because of economic problems, and less family support as people move to new communities and the extended family disappears.

One result is an extremely high proportion of Metro Toronto's families are led by a lone parent. According to the 1976 census 36.91% of families having children under 18 years of age have a lone parent. (18) Although being a single parent no longer has incredible stigma attached to it, it can create a situation where families are under stress. In Toronto, 52% of lone parent families are single women with Grade 10 or less education. The earning power of women in this position is minimal. (19) It frequently means that the woman must rely on Family Benefits Allowance. In fact, in March, 1982 there were 13,942 on Family Benefits Allowance with dependents, which represents almost 2% of the households in Metro Toronto. (Province of Ontario COMSOC).

B.3.4 Suicide Rates

Suicide rates (Table 8) more than doubled between 1961 and 1971, but have remained static throughout the seventies.

TABLE 9

Suicides - City of Toronto

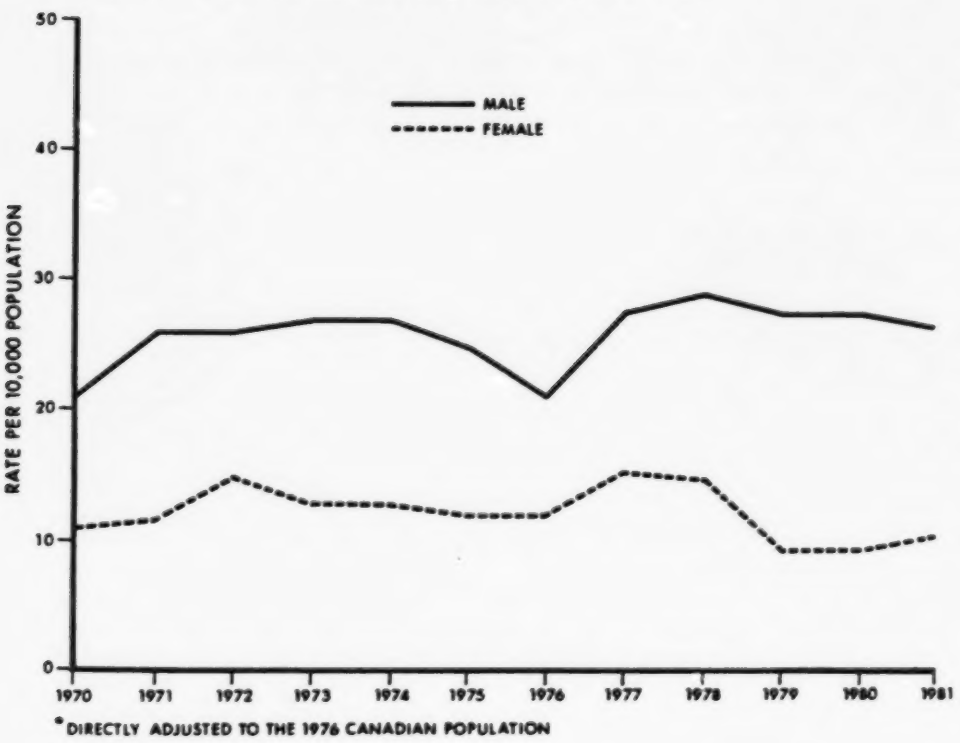
	1961	1966	1971	1976	1980	1981
Number of suicides	56	83	140	117	121	108
Rate per 100,000 pop.	8.33	12.49	20.41	18.65	20.08	18.43

Source: City of Toronto - Public Health Department

Graph 10 indicates the different rates for males and females. These rates are significantly higher than the rate for Ontario.

GRAPH 10

SUICIDE RATES FOR THE CITY OF TORONTO , 1970 - 1980 *



*DIRECTLY ADJUSTED TO THE 1976 CANADIAN POPULATION

SOURCE : PUBLIC HEALTH DEPARTMENT

This information supports an assumption of increasing stress beginning in the 1960's. It was the beginning of some crucial changes in family and personal life patterns. The stress of change is recognized as a contributing factor to mental breakdown, and the 1960's was a decade of overt and dramatic change. The rate has remained high throughout the seventies.

B.3.5 Incidence of Tension - Related Illness

Looking at the principal causes of death over the past 10 years, (Table 9) it appears that people in the City are not dying of tension-related illness in 1980 to the degree they did in 1970. Heart disease, cerebrovascular disease and cirrhosis of the liver are diseases which can be related to stress. Incidence of cirrhosis of the liver can also be a rough indicator of alcohol abuse. These statistics only give part of the picture because they indicate the number of people who died rather than incidence of illness. It is impossible to determine whether the decrease, in death rate is a result of less incidence of illness or better medical treatment. Except for communicable diseases, the Public Health Department does not have morbidity statistics. A "Community Health Survey" to be done this fall will begin to provide information about the current health status of the City, but it can not provide comparative data.

TABLE 10

PRINCIPLE CAUSES OF DEATH
RATE PER 100,000 POPULATION CITY OF TORONTO

1971	1972	1973	1974	1975	1976	1977	1978	1979	1980	1981
Heart Disease										
341.8	354.8	347.1	344.2	318.9	306.8	324.2	302.2	294.0	286.5	286.5
Cerebrovascular Disease										
77.1	80.8	78.7	88.2	72.1	75.8	70.8	64.0	70.5	65.1	71.54
Cirrhosis of Liver										
20.7	19.2	23.9	23.1	22.6	22.8	20.7	20.5	17.2	17.1	17.00

Source: Public Health Department

B.4 Summary of Data

The City of Toronto has changed during the past ten years:

- the numbers and size of families have decreased
- there are more young single people
- there are fewer children
- there are more single-parent families
- there are relatively more old or single
- the cost of housing has risen dramatically
- there are more racial minorities
- inflation has increased
- unemployment has increased
- more women are working

The evidence points to these changes resulting in increased stress on people. The main areas where there have been significant increases are in the rates of theft and assault and woundings, and divorce; while the increase in suicide and child abuse rates remain high. Indeed, while indicators of social stress have not increased as much as might be expected, of great concern is the number of households living below the poverty line.

FOOTNOTES

(1) Planning and Development Department. Confronting the Crisis. January, 1982. p.2

(2) City of Toronto. Mayors Task Force Report on Disabled and Elderly, June, 1974. p.73

(3) Community Task Force on Social and Recreational Services. Policy Framework Statement (draft) March 1982. p.3.

(4) Planning and Development Department. Gaps in Community Home Support Services to Seniors, June, 1982

(5) Public Health Department. Public Health in the 80's. 1978. p.38

(6) Building Challenges - Confronting Toronto's Rental Crisis. The Annual Report of the City of Toronto Housing Department, December, 1981. p.14.

(7) Children in Metropolitan Toronto - Highlights. Prepared for Special Committee on Children's Services, June 1979. p.p. 21-24.

(8) Environics Research Group. Residents' Attitudes Towards City Services Survey, October, 1981.

(9) Toronto Planning and Development Department, Toronto Planning Altlas,, 1980, p.80

(10) Statistics Canada, Reference Canada, 1981-1982 Edition, p.2

(11) Statistics Canada. The Labour Force, January, 1981 and February, 1982.

(12) Economic Council of Canada. Two Cheers for the Eighties, 1980. p.47.

(13) Hill, Karen, "Federal fiscal Policy and Municipal Social Programs: A View from the Voluntary Sector." Canadian Council on Social Development, June 1982 p.6

(14) Ontario Welfare Council and the Social Planning Council. .... And The Poor Get Poorer, 1981. p.75

(15) Toronto Planning Atlas, p.44

(16) Ontario Demographic Bulletin. March, 1981

(17) Family Services Association. "Wife Assault in Canada", Fact Sheet, April 1980.

(18) Social Planning Council. Metropolitan Social Profile, June, 1979. p.64

(19) I.B.I.D.

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